PTO/SB/06 (08-03)

Approved for use through 7/31/2008, OMB 0651-0032

U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Doctor Number 09 752721		
		CLAIMS A	S FILED	- PARTI	SMALL	SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
FOR IASIC FEE		NUM	NUMBER FILED		BER EXTRA	RATE	FEE		RATE	FEE
17 CFR 1.16(e))								- NAIG		
	AL CLAIMS CFR 1.16(c))		minus 2	0 .				OR		
DEPENDENT CLAIMS 7 CFR 1.18(b))		MS	minus 3 = -			× 3 •		OR	× 5 •	
			-			X3=		OR	x s=	
MULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1.16(d))						+1		OR	**	
" If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	TOTAL		
	C	LAIMS AS AM	FNDF) _ PART II						
_ T	22-0	(Column 1)		(Column 2)	(Column 3)	SMALL	NTITY	OR		ENTITY
۱2		CLAIMS REMAINING	1	HIGHEST NUMBER	PRESENT	RATE	ADDI-			
NICH STATE OF		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		TIONAL		RATE	ADDI TIONA
5	DI CER LINCO	4	Minus	23			FEE			FEE
	Independent (37 CFR 1.14(b))	2	Minus	- <u>1</u>		X 5 =		OR	X \$	
İ	FIRST DOESEN	(47)00,000,000				X 8e		OR	X 5 =	
1	- INSTARESEN	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 C	FR 1.16(d))	+,=		OR	+ 5=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'T FEE	
		(Column 1)		(Column 2)	(Column 3)					
1	lanlan	CLAIMS REMAINING		HIGHEST	PRESENT					
	3/24/04	AFTER AMENOMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONA
íΓ	Total (3) CFR 1.18(c))	. 4	Minus	"\"///			FEE			FEE
: 1	Independent O7 CFR 1.18(b))	. 1	Minus	/2		X 3=	<u> </u>	OR	X 8 =	/
ŀ	************	<u> </u>		<u> </u>	<u> </u>	X.3=	1	OR	x s=	
-			E DEPEND	ENT CLAM (37 C	FR (.16(d))	* \$	\	OR	+s =	
	FIRST PRESENT	ATION OF MULTIPL						2512525555		· · · · · · · · · · · · · · · · · · ·
	FIRST PRESENT	ATION OF MULTIPL				TOTAL ADD1 FEE		00	TOTAL	
: -	FIRST PRESENT	ATION OF MULTIPL				TOTAL AOD1 FEE	V	OR	TOTAL ADD'L FEE	
	FIRST PRESENT	(Cotumn 1)		(Column 2) HIGHEST	(Column 3)			OR		
l	FIRST PRESENT	(Column 1) CLAIMS REMAINING AFTER		(Column 2)	(Column 3) PRESENT EXTRA		ADOI-	OR		ADDI-
l	Total	(Column 1) CLAIMS REMAINING		(Column 2) HIGHEST NUMBER	PRESENT EXTRA	AOD1 FEE	ADDI- TIONAL FEE	OR	ADD'L FEE	
	Total (37 CFR), 18(cj)	(Column 1) CLAIMS REMAINING AFTER	Minus	(Column 2) HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	AOD1 FEE	TIONAL	OR OR	ADD'L FEE	TIONAL
	Total	(Column 1) CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	TIONAL	OR	RATE X.S#	TIONAL
	Total (37 CPR), 18(c)) Independent (37 CPR (, 18(b))	(Column 1) CLAIMS REMAINING AFTER	Minus Minus	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL	OR OR	RATE X.S X.S	TIONAL
	Total (37 CPR), 18(c)) Independent (37 CPR (, 18(b))	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Minus Minus	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE X S =	TIONAL	OR	RATE X.S#	TIONAL

The 'Highest Number Proviously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the brothest) an application. Conflictnitistly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gethering, preparing; and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, wholed be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Abstandifs, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.